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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/534,191			ling Date 24/2000	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
FOR			NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A		N/A			N/A	
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A		N/A			N/A	
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A		N/A]	N/A			N/A	
TOTAL CLAIMS (37 CFR 1.16(i))			minus 20 =				x s =		OR	x \$ =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 = *]	x \$ =			x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE she is:	ets of pap 3250 (\$125 ditional 50	vings exceed 100 ation size fee due ty) for each tion thereof. See 37 CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									1		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		1	TOTAL	
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY											
AMENDMENT	01/27/2004	CLAIMS REMAINING AFTER AMENDMEN	r	HIGHEST NUMBER PREVIOUSL' PAID FOR	PRESENT Y EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	• 27	Minus	·· 30	= 0]	x \$ =		OR	X \$18=	0
	Independent (37 CFR 1,16(h))	• 5	Minus	 5	= 0]	x \$ =		OR	X \$86=	0
ME	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
(Column 1) (Column 2) (Column 3)											
L ⊢		CLAIMS REMAINING AFTER AMENDMEN	r	HIGHEST NUMBER PREVIOUSL PAID FOR	PRESENT Y EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
Ä	Total (37 CFR 1,16())	*	Minus	**	=]	x s =		OR	x s =	
M	Independent (37 CFR 1.16(h))	•	Minus	***	=]	x \$ =		OR	x \$ =	
AMENDMENT	Application Size Fee (37 CFR 1.16(s))]			1		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						TOTAL		OR		
* 16	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								OR	TOTAL ADD'L FEE	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". "Equal Institution of Examination of Control of the Previously Paid For" IN THIS SPACE is less than 3, enter "3".											
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

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